



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation  
INSURANCE DIVISION  
233 Richmond Street, Suite 233  
Providence, RI 02903 – 4233  
Telephone No. (401) 222-2223  
www.dbr.state.ri.us

FAX No. (401) 222-5475  
TDD No. (401) 222-2999

## Certificate of the Tax Administrator of Tax Payment by Surplus Line Broker

This is to certify that \_\_\_\_\_  
(Name of Surplus Line Broker/Individual or Business Entity)

\_\_\_\_\_  
(Resident Address or Business Entity Address) Tel. Number \_\_\_\_\_

has paid the three percent (3%) Tax on Gross Premiums for the three (3) most  
recent calendar years, as applicable, Calendar Year(s) 2 \_\_\_\_ through 2 \_\_\_\_.

SIGNED: \_\_\_\_\_

Tax Administrator  
State of Rhode Island

Dated: \_\_\_\_\_, 20\_\_\_\_

**Pursuant to R.I. Gen. Laws § 27-3-38 this form must be filed with the  
Division of Taxation no later than April 1<sup>st</sup> of the year in which your license  
is renewed. Filings are required by all licensed Surplus Line Brokers  
(Individuals and Business Entities).**

**Mail to:** *Division of Taxation  
One Capitol Hill  
Providence, Rhode Island 02908*

**ONCE THIS FORM HAS BEEN COMPLETED BY THE DIVISION OF  
TAXATION, THE CERTIFIED FORM SHOULD BE MAILED TO THE RHODE  
ISLAND INSURANCE DIVISION. IT SHOULD BE NOTED THAT THE CERTIFIED  
FORM IS PART OF THE SURPLUS LINE BROKER LICENSE RENEWAL AND SHOULD  
BE SUBMITTED AT THE TIME OF RENEWAL.**

*Please forward the certified tax form to the RI Insurance Division.*